2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P07000008760

Entity Name: COHEN'S FASHION OPTICAL OF BROWARD, INC.

Current Principal Place of Business:

C/O COHEN FASHION
100 QUENTIN ROOSEVELT BLVD, STE 508
GARDEN CITY, NY 11530

New Principal Place of Business:

100 QUENTIN ROOSEVELT BLVD
GARDEN CITY, NY 11530

Current Mailing Address:

C/O COHEN FASHION
100 QUENTIN ROOSEVELT BLVD, STE 508
GARDEN CITY, NY 11530

New Mailing Address:

100 QUENTIN ROOSEVELT BLVD
GARDEN CITY, NY 11530

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHEN, ROBERT
Address: 100 QUENTIN ROOSEVELT BLVD STE 508
City-St-Zip: GARDEN CITY, NY 11530

Title: D ( ) Delete
Name: COHEN, ALAN
Address: 100 QUENTIN ROOSEVELT BLVD STE 508
City-St-Zip: GARDEN CITY, NY 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COHEN, ROBERT
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY 11530

Title: VP (X) Change ( ) Addition
Name: COHEN, ALAN
Address: 100 QUENTIN ROOSEVELT BLVD
City-St-Zip: GARDEN CITY, NY 11530

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT COHEN PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date